

## News

# Improved data on XDR-TB "early next year": WHO

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An article from the HDN Key Correspondent Team

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Significantly more will be known about the extent and distribution of extensively drug-resistant tuberculosis (XDR-TB) by early 2008, according to a senior World Health Organization (WHO) official at the 38th World Conference on Lung Health in Cape Town.

"XDR-TB country data are currently being collected and analyzed, so that a report can be prepared and published by February 2008," said Dr Mario Raviglione, director of the WHO Stop TB Department in an interview. "Those data will also inform the second meeting of the Global XDR-TB Task Force, to be convened by WHO in the first half of April."

Dr Raviglione explained that the first meeting of the XDR-TB Task Force was held in October 2006 in response to growing evidence and concerns about XDR-TB. That first meeting generated eight specific recommendations for addressing the XDR challenge:

- Strengthen the quality of basic TB and HIV control;
- Scale up the programmatic management of MDR-TB and XDR-TB;
- Strengthen laboratory services;
- Expand MDR-TB and XDR-TB surveillance;
- Develop and implement infection control measures;
- Strengthen advocacy, communication and social mobilization;
- Pursue resource mobilization at all levels;
- Promote research and development of new tools.

"We found these recommendations were extremely useful to get the attention of many critical people – policy-makers, national governments, nongovernmental organizations and affected communities" said Dr Raviglione in an exclusive interview with the Health & Development Networks (HDN) Key Correspondent Team.

Measures put in motion since the first Task Force meeting include rapid surveys of the extent of XDR-TB in Botswana and Swaziland, restructuring of a National TB Reference Laboratory in Lesotho, and strengthening of the Stop TB Partnership's drugs oversight body, 'the Green Light Committee', to help them cope with an increasing number of requests for second-line anti-TB drugs. The TB response 'roadmap', the Global Plan to Stop TB, was revised to include an estimated doubling in the numbers of multi-drug resistant TB (MDR-TB) treatments needed by 2015, as well as latest projections of XDR-TB resource needs.

Political backing on XDR-TB has also been secured. Health ministers from all WHO Member States included XDR-TB recommendations in a resolution endorsed in the May 2007 World Health Assembly. And recently, European ministers backed XDR-TB actions in the 2007 Berlin TB Declaration.

Announcing the next meeting of the XDR-TB Task Force, to be held from 8–10 April 2008, Dr Ravioglione expressed concern that progress in many countries might be lagging. “Laboratories are not available and existing laboratories have not been upgraded to be ready to diagnose XDR-TB,” he said. “In April the Task Force will be able to review key XDR-TB control and management issues on a country-by-country basis: what's happened, what's necessary and what the best actions will be for effective control.”

Experts on infection control, representatives from patient groups, NGOs, foundations, donors and other key TB stakeholders are part of the XDR-TB Task Force.

“Last year we sounded the alarm regarding XDR-TB and that this is something the world cannot afford to ignore,” added Glenn Thomas, of the WHO Stop TB Department. “If it is ignored, then what is happening in some of the low-income countries now is going to be replicated in many parts of the world, and we cannot afford that.”

Alarm bells first rang concerning XDR-TB in 2006 with the publication of two studies suggesting a significant drug resistant problem lay hidden beneath current TB statistics.

In March 2006, the US Centers for Disease Control (CDC) and WHO co-published new survey results from 49 countries indicating that MDR-TB was detected in 20% of samples tested, and that XDR-TB was found in 2% of cases. Despite some limitations of the study, this was the first ominous indication regarding the occurrence of XDR-TB worldwide.

At the time, the scientific journal that published the CDC/WHO survey – Morbidity and Mortality Weekly Report – warned: “A growing number and proportion of XDRTB cases could seriously hamper TB control globally,” a call that has been heard repeatedly at the TB conference in South Africa this week.

Later in 2006, a report of high levels of MDR-TB and XDR-TB emerged from a rural area of KwaZulu Natal province in South Africa. The study looked at consecutive patients who presented with signs and symptoms of TB; among confirmed cases the prevalence of MDR-TB was 39%, and of XDR-TB was 6%.

“If this is let to go,” warned Dr Ravioglione, “we will end up having forms of XDR-TB that are resistant to everything – all available antibiotics.”

“In effect we would be back in 1942: the year before they discovered streptomycin.”  
Around the world, 41 countries have so far reported the occurrence of XDR-TB.

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